

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # L87393

1. Entity Name
WEST PALM BEACH DONUTS, INC.



Principal Place of Business
**1301 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411 US**

Mailing Address
**1301 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411 US**



03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0455624

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MANUEL, ANDRADE S
53 ST THOMAS DR.

PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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04/16/08-80017-005-158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDRADE, MANUEL S. 53 ST. THOMAS DRIVE PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUBIANO, STEVEN C 108 VILLA BELLA JUPITER, FL 334582728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUBIANO, SUSAN A 108 VILLA BELLA JUPITER, FL 334582728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/08

561-371-8006